

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

63-027736

STATE FILE NUMBER

Registration District No. 83

Primary Registration District No. 5321

Registrar's No. 8

DO NOT WRITE
ON THIS SUB

AMENDED

FILED JUL 22 1963

1. PLACE OF DEATH

a. COUNTY Cooper

b. CITY (If outside corporate limits, give TOWNSHIP only)
OR TOWN South Moniteau Twp.

Length of stay in 1b
63 Yrs.

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)

a. STATE Missouri b. COUNTY Cooper

c. CITY OR TOWN Clarksburg

Inside Limits
Yes ☐ No ☒

c. FULL NAME OF (If NOT in hospital, give location)
HOSPITAL OR ROUTE # 1, 3 MI. N.E.
INSTITUTION Clarksburg

Inside Limits
Yes ☐ No ☒

d. STREET ADDRESS (If outside, give location)
Route # 1, 3 MI. N.E.

Reside on Farm
Yes ☒ No ☐

3. NAME OF DECEASED
(Type or print)

First Middle Last
VIOLA FRANCES TOLER

4. DATE OF DEATH
Month Day Year
July 10, 1963

5. SEX
Female

6. COLOR OR RACE
White

7. Married ☒ Never Married ☐
Widowed ☐ Divorced ☐

8. DATE OF BIRTH
11/3/1880

9. AGE (last birthday)
82

IF UNDER 1 YEAR IF UNDER 24 HR
Months Days Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)
Housewife

10b. KIND OF BUSINESS OR INDUSTRY
Own Home

11. BIRTHPLACE (City and state or country)
El Dorado, Missouri

12. CITIZEN OF WHAT COUNTRY
USA

13a. FATHER'S NAME

Robert L. Williams

13b. MOTHER'S MAIDEN NAME

Martha E. Hartzog

14. NAME OF HUSBAND OR WIFE

John E. Toler

15. WAS DECEASED EVER IN U.S. ARMED FORCES?
(Yes, no, or unknown) (If yes, give war or dates of service)
No

16. SOCIAL SECURITY NO.

17. INFORMANT

Herbert Toler, Route # 1, Clarksburg

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).
PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a)

Myocardial Infarction - Decomposed

INTERVAL BETWEEN ONSET AND DEATH

2 Days
Serious

DUE TO (b)

DUE TO (c)

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)

PART III. If deceased was female was there a pregnancy in last 90 days.

☐ Yes ☐ No ☐ Unknown

19. WAS AUTOPSY PERFORMED?
YES ☐ NO ☐

20a. ACCIDENT SUICIDE HOMICIDE
☐ ☐ ☐

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF INJURY
Hour a.m. p.m.
Month, Day, Year

20d. INJURY OCCURRED WHILE AT WORK ☐
NOT WHILE AT WORK ☐

20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

20f. CITY, TOWN, OR LOCATION COUNTY STATE

21. I attended the deceased from 3-19-63 to 7-8-63 and last saw her alive on 7-8-63
Death occurred at 4:50 p.m. on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE

(Degree or title)

22b. ADDRESS

22c. DATE SIGNED

23a. BURIAL, CREMATION, REMOVAL (Specify)
Burial

23b. DATE
7/12/1963

23c. NAME OF CEMETERY OR CREMATORY
Mt. Pleasant Cemetery

23d. LOCATION (City, town, or county)
Cooper County, Missouri

(State)

24. FUNERAL DIRECTOR

ADDRESS

Hugh E. Williams, California, Missouri

25. DATE REGD. BY LOCAL REG.

7/16/63

26. REGISTRAR'S SIGNATURE

Virginia T. Haggins

(Licensed Embalmer's Statement on Reverse Side)

USE BLACK INK
OR
TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

ITEM NO. SHOULD READ

DOCUMENT

BY AFFIDAVIT OF

DATE AMENDED

VS 300
Rev. 4/59

1 0270

2 0270

3

4 /

5 /

6

7 0

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9 443X

10

11

12 90-2

13 2-0

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,

or by _____, Student Embalmer No. _____

working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed Russell C. Maag

Licensed Embalmer No. 4804

P. O. Address California, Missouri

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.